

Health and Early Childhood  
Development in Roma  
Communities | A Document  
Analysis of European Union and  
National Policy Commitments in  
the National Roma Integration  
Strategies

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Roma Integration Strategies up to 2020

Roma Health and Early Childhood Development

european public health alliance







# **Health and Early Childhood Development in Roma Communities | An Analysis of European Union and National Policy Commitments**



## Table of Contents

Executive Summary.....	3
Conclusions .....	3
Introduction.....	5
Limitations of the analysis.....	6
Mapping the EU Policy Environment.....	6
Early childhood development in Roma communities: EU policy and approach .....	6
Health in Roma communities: EU policy and approach .....	8
Roma integration: EU policy and approach.....	10
Mapping the EU funding environment.....	11
The EU framework for National Roma Integration Strategies.....	11
The EU Framework: COM (2011) 173 final .....	12
Early childhood development in the National Roma Integration Strategies .....	12
Health in the National Roma Integration Strategies .....	12
The Europe 2020 Strategy and Roma integration.....	14
Roma integration in the European Semester.....	14
FYRO Macedonia, Roma integration and Europe 2020 .....	16
Assessing the NRIS: Progress, gaps and challenges remaining .....	17
Assessing progress towards Roma integration .....	17
Assessing the procedural implementation of the NRIS.....	18
Assessing Roma integration in FYRO Macedonia .....	19
Reflections.....	20
Conclusions .....	22
Bibliography.....	24



## Executive Summary

This paper analyses the policy commitments made by both the EU and five case study countries – Bulgaria, Hungary, Romania, Slovakia and FYRO Macedonia – to the improvement of health and ECD in the Roma population. The analysis is designed to map the policy instruments and the commitments that they contain, at both EU and national level, to complement and support separate survey and interview elements of the broader project, which will facilitate evaluation of how these have been implemented. It reviews a range of EU documentation, as well as the NRIS for the five countries, and offers reflections on the content, coherence and consistency of the commitments made. It then draws the following conclusions.

## Conclusions

### **Bulgaria**

Bulgaria has received a CSR pertaining to improving Roma access to education every year since 2013; the 2014 Commission assessment of its progress under this heading notes that access to good quality ECEC is hampered by insufficient staff and ‘capacities’.

The Commission’s assessment of Bulgaria’s actions to improve Roma health is very clear in its conclusion that the biggest challenge faced is in ensuring universal access to health insurance coverage. Though similar issues in other countries have been raised in the European Semester, Bulgaria has yet to receive a CSR on this topic.

### **Hungary**

The Hungarian NRIS addresses ECD holistically (referring to ‘child wellbeing’), but its commitments focus predominantly upon the provision of kindergarten services and the Commission’s assessment notes that this need to be accompanied by qualified staff, necessary infrastructure and sustainable funding – reflected in repeated CSRs on this issue.

This focus on access is mirrored in Hungary’s efforts towards improving Roma health, which mostly involve increasing the number of health visitors, paediatricians and targeted screening/prevention programmes. The Commission assessment notes only that evidence of the impact of these policies upon Roma communities is lacking.

### **FYRO Macedonia**

The EU’s increased action on Roma integration and its invitation to non-member states to engage with the EU Framework in developing strategies of their own has had a clear impact upon FYRO Macedonia. Local action plans follow the thematic breakdown of the EU Framework and protection of minority groups (including Roma) is one of the priorities assigned in the 2014-2020 Instrument for Pre-accession Assistance (IPA II). However,



many of the same barriers to better implementation of Roma integration policies found in the four EU case study countries are also noted in relation to policies in FYRO Macedonia. These include insufficient financial and human resources, unclear supervision and lack of vertical and horizontal communication.

### **Romania**

The Romanian NRIS commits to addressing a range of socioeconomic issues which affect ECEC, such as food, living conditions and health status, via increased participation in kindergarten. The Commission assessment urges scaling up of these efforts and identification of sustainable funding to support this, an issue also raised in the 2013 CSRs.

In health the NRIS is similarly ambitious, listing a variety of programmes to increase access to services, prevent non-communicable diseases in Roma communities and strengthen institutional capacity to deliver such services. The Commission assessment urges the use of mediators, training of health professionals and further efforts to improve access to care/insurance

### **Slovakia**

Slovakia has received repeated CSRs urging better inclusion of Roma children in mainstream pre-school and its NRIS sets a goal of increasing pre-primary attendance to 50% by 2020, mostly by increasing access to kindergartens. The Commission assessment calls for reinforcement of these actions, whilst noting that disproportionate enrolment of Roma children in 'special-needs education' remains a problem.

The Slovakian NRIS takes the most holistic approach to health, including measures to improve sanitation, pollution and water quality, as well as access, vaccination, health education and reproductive health. The Commission's assessment finds that implementation is hampered, however, by lack of clear targets, monitoring and financial resources.

### **European Union**

In light of the challenges facing implementation of the NRIS, Commission's focus upon the structural pre-conditions for effective Roma integration is welcome. In order to better support national implementation of the Strategies, the Commission, supported by the other EU institutions, shall strengthen guidance offered to national governments in the design and methodology of their NRIS, focusing in particular upon the construction of manageable targets, aspirate indicators, solid monitoring instruments and inclusive consultation mechanisms.

At the European level, the EU must lead by example in integrating its Roma inclusion policies into mainstream frameworks. Most important to this, the Commission shall fully utilise the European Semester to improve health and ECD in Roma communities, and to ensure meaningful pursuit of the NRIS goals.



## Introduction

The ‘Roma problem’ – facilitating the integration of Roma communities into political and civic life – has received increasing attention since the 1990s. Initially framed as a migration and stability issue, policy debates concerning the Roma are now more commonly conducted in the language of minority rights, social exclusion and poverty (**Guglielmo and Waters, 2005; Vermeersch, 2013**). In the European Union (EU), this has resulted in two major strands of ‘Roma policy’ – the first takes the form of *ex ante* conditionality and *ex post* monitoring for those Eastern member states which joined the Union in 2004 and 2007, whilst the second is embodied in the EU framework for National Roma Integration Strategies (NRIS), established in 2011.

The latter Framework is undergoing mid-term review in 2017/18. As part of this process, the European Commission has opened a public consultation, the results of which will inform an external evaluation to assess how the Framework has performed and what challenges it faces, focusing particularly on European and national instruments for Roma integration (**European Commission, 2017a**). To support its response to the consultation, which will focus on health and early childhood development (ECD) in Roma communities, EPHA is undertaking a short research project to gather primary input from the Roma population and those actors working closely with them. EPHA will also engage in a mobilisation campaign, to ensure that the consultation receives evidence-based contributions from a range of civil society and grass-roots organisations working with Roma communities.

This analysis paper is one part of this EPHA project. It analyses the policy commitments made by both the EU and five case study countries – Bulgaria, Hungary, Romania, Slovakia and FYRO Macedonia – to the improvement of health and ECD in the Roma population. The analysis is designed to map the policy instruments and the commitments that they contain, at both EU and national level, to complement and support the survey and interview elements of the project, which will facilitate evaluation of how these have been implemented.

The paper reviews a range of EU policy documents relating to ECD, health and Roma integration, as well as the funding mechanisms available to support the latter, to provide a picture of how the EU seeks to steer national policies regarding Roma communities. It then examines the NRIS, adopted by the five case study countries to promote Roma integration within their territories. It introduces the EU framework which supports these strategies and, in particular, the looks at the provisions within the NRIS that target ECD and health. A third section describes how these policy instruments and commitments are brought together within the European Semester, the ‘implementation arm’ of the Europe 2020 Strategy and a crucial structure for EU intervention in national policy. A fourth chapter reviews, in light of the commitments made (chapters 1 and 2) and their integration into the European Semester (chapter 3), how implementation of the NRIS and the provisions on ECD and health, in particular, has progressed. This is brief evaluation is conducted using evidence form the Commission’s annual assessments (**European Commission, 2014e; 2015b**). A final section reflects upon the content, coherence and consistency of both the NRIS and the EU’s Roma-related policy commitments, before offering a series of recommendations.



### **Limitations of the analysis**

While the analysis below has been conducted in accordance with high standards of academic rigour, it faces a number of limitations. Most important among these is its limited scope – the documents reviewed represent the ‘mainstream’ of EU policy and national commitments – review of external evaluations, a wider range of contributing EU documentation, national reporting and other such sources would improve the reliability of the findings. Linked to this, the research faced some linguistic barriers, most detrimentally in the case of the Bulgarian NRIS Action plan, which was not available in English.

Inclusion of a wider range of documentation and evidence in different languages would enable the research to pursue a broader aim and assess the implementation of the commitments mapped here, not just their content. This would be particularly valuable in the case of the NRIS, where a number of the initiatives and programmes proposed by member states have not been fully implemented or face challenges when enacted.

## Mapping the EU Policy Environment

This section reviews the existing EU policies which speak to or offer guidance on ECD and health within Roma communities, and on the broader issue of Roma integration, many elements of which contain reference to ECD and health. Its purpose is to map the different sources of EU policy so as to create a picture of the EU’s approach to these issues and how this influences the national integration strategies.

### **Early childhood development in Roma communities: EU policy and approach**

Explicit focus upon ECD within Roma communities is limited, more often linked with poverty and social exclusion, but not wholly absent. The Europe 2020 Strategy made the combatting of poverty and social exclusion a formal target of the Union, emphasising the ‘major effort’ required to ‘...combat poverty and social exclusion and reduce health inequalities to ensure that everybody can benefit from growth’, and identifying Roma communities as one of the key ‘at risk’ groups in the context of the European Platform Against Poverty (European Commission, 2010a: 18; 19). Furthermore, Roma children are specifically recognised in a Commission report as facing barriers to accessing early childhood education and care (ECEC) (European Commission, 2012). Action to tackle these issues is taken within the framework of the Europe 2020 Strategy.

The Strategy established two headline goals in the field of education, targeting early school leaving and completion of higher education. Though these focused on the contribution of education to employment and growth, the Commission also adopted ‘participation in early childhood education’ – specifically the goal of 95% participation for children between age 4 and official school age – as a primary benchmark for the attainment of these objectives (European Council, 2009; Eurostat, 2016: 110).

The inclusion of early childhood education into the Europe 2020 framework is indicative of the growing interest in ECEC which has developed over the last decade. The Commission’s 2011 Communication made clear the role of ECEC in supporting the pursuit of smart, sustainable and inclusive growth:





*‘If solid foundations are laid in the early years, later learning is more effective...lessening the risk of early school leaving, increasing the equity of educational outcomes and reducing the costs for society in terms of lost talent and of public spending on social, health and even justice systems’*

**(European Commission, 2011a: 1).**

The 2002 Barcelona Objectives, which sought to facilitate greater female participation in the labour market by increasing the provision of pre-school childcare, failed to reach their targets but a 2013 Report reiterated their importance not only for employment but also as a pillar underpinning achievement of the broader Europe 2020 goals (European Commission, 2013a). Subsequent studies and initiatives have further broadened the understanding of ECEC and documented its relevance for policies on poverty, exclusion, discrimination, migration and health (European Commission, 2012; 2014a; 2014b), culminating in the publication of 10 principles for high quality ECEC in European countries (European Commission, 2014a; Box 1).

The Commission’s working group recommends that high quality ECEC is characterised by:

- Provision that is available and affordable to all families and their children.
- Provision that encourages participation, strengthens social inclusion and embraces diversity
- Well-qualified staff whose initial and continuing training enables them to fulfil their professional role
- Supportive working conditions including professional leadership which creates opportunities for observation, reflection, planning, teamwork and cooperation with parents
- A curriculum based on pedagogic goals, values and approaches which enable children to reach their full potential in a holistic way
- A curriculum which requires staff to collaborate with children, colleagues and parents and to reflect on their own practice
- Monitoring and evaluating produces information at the relevant local, regional and/or national level to support continuing improvements in the quality of policy and practice

Box 1: Extract from European Commission (2014a)



- monitoring and evaluation which is in the best interest of the child
- Stakeholders in the ECEC system have a clear and shared understanding of their role and responsibilities, and know that they are expected to collaborate with partner organisations.
- Legislation, regulation and/or funding supports progress towards a universal legal entitlement to publicly subsidised or funded ECEC, and progress is regularly reported to all stakeholders.

Box 2: Extract from European Commission (2014a) (cont)

### Health in Roma communities: EU policy and approach

Growing attention to the plight of Roma communities in Europe also prompted greater consideration of Roma health. The 2008-2013 Health Programme recognised that ‘enlargement...has brought additional concerns in terms of health inequalities within the EU’ and funded a range of projects aimed at reducing health inequalities and promoting migrant health, though few mention or produce specific initiatives concerning the Roma community (**Decision No 1350/2007/EC: point 15; European Commission 2014c: Table 1**). A 2009 Communication highlighted the shorter life expectancy of Roma populations and the 2013 Staff Working Document on Investing in Health highlighted the disproportionate inequality existing within vulnerable groups, such as Roma (**European Commission, 2009: 3; 2013b**). These themes have been built upon through successive EU Health Programmes, and a dedicated Joint Action on health inequalities, among other initiatives, has been adopted under the current programme period (**European Commission, 2017b**).

Outside of the EU institutions, the issue of Roma health has been increasing attention by the Fundamental Rights Agency (FRA), the European Centre for Disease Prevention and Control (ECDC) and the European Foundation for the Improvement of Living and Working Conditions (Eurofound). In 2013 a report on the health status of Roma communities was commissioned<sup>1</sup>; it found that Roma populations generally suffer greater exposure to wider risks of ill health, live less healthy lifestyles, have poorer access to and lower uptake of primary care and preventative health services and suffer poorer health outcomes (**European Commission, 2014c: 113**). Consequently, the Report offered a series of recommendations as to where further action should be focused (see Box 2).

<sup>1</sup> The Report was announced by Health Commissioner, Toni Borg, at the EPHA Annual Conference in September 2014. See [EPHA Press Release](#).



Action to improve Roma health should focus on the following key areas:

Wider determinants of health

- Access to and engagement with educational systems
- Improvement of employment opportunities
- Reductions in segregation and marginalisation
- Improvements in the provision of facilities with improved living conditions

Healthy lifestyles and behaviour

- Provision of tailored health information materials
- Community initiatives to improve health engagement in Roma communities

Disease prevention

- Improved information provision and marketing of disease prevention opportunities and services to Roma communities
- Adequate provision of tailored disease-prevention programmes and services acceptable to Roma communities and meeting their particular needs (e.g. mobility and living circumstances).

Accessibility to high-quality services acceptable to Roma communities

- Adequate provision of tailored health services acceptable to Roma communities and meeting their particular needs in areas of large Roma communities
- Improvements in adherence to good practice standards (including discrimination) in the provision of health services to Roma by universal health care providers and professionals.

Investment in Roma health issues should be reviewed through systematic processes examining the size and needs of Roma communities, and knowledge on the effectiveness of alternative policies, programmes and services.

Furthermore, the design of the above programmes and initiatives need to be informed by:

- (1) Improved generation of consistent information
- (2) Monitoring and evaluation of interventions
- (3) Review and dissemination of knowledge on the interventions that are effective
- (4) Translation of knowledge on effective interventions into best practice guides for policy-makers and
- (5) Primary research into key obstacles in improving Roma health.

Box 3: Extract from European Commission (2014c)

The growing attention being paid to migration in Europe also has an impact upon Roma communities. Since the 'migration crisis' in the Mediterranean began to escalate in 2015, the EU has initiated a number of projects concerning health, allocating funds to train health professionals, record the medical history of incoming migrants and fund direct provision of health services for vulnerable groups (**European Commission, 2016: 11**). Where Roma communities are part of these migration routes, they can also be targeted by the associated programmes.



### Roma integration: EU policy and approach

Whilst the previous two sections have highlighted the Roma-related provisions in EU policy on ECD and health, this section reviews the existing EU policy instruments which specifically target Roma communities, and examines the ECD- and health-related policies within them. Policy statements recognising the importance of integrating Roma communities and the barriers they faced in European countries date back to the early 1990s but sustained political attention was achieved only in the later-2000s. Seeking visibility for discussions of Roma policy, the European Commission established a Roma Summit in 2008 (repeated in 2010 and 2014) and a European Platform for Roma Inclusion in 2009, at the behest of the Council (**Council of the EU, 2008**). The Council also called upon the Commission and national governments to identify specific actions to ‘ensure access to education, housing, health, employment, justice and culture’ for Roma populations, and to ‘make better use of the Structural Funds, the Pre-Accession Instrument and the European Neighbourhood and Partnership Instrument’ to this end (**Council of the EU, 2008: point 10,11**). The Platform has met regularly since and developed a set of 10 common basic principles for Roma inclusion (**Council of the EU, 2009; Box 3**).

Policies promoting Roma inclusion should be:

1. Constructive, pragmatic and non-discriminatory policies
2. Explicit but not exclusive targeting
3. Inter-cultural approach
4. Aiming for the mainstream
5. Awareness of the gender dimension
6. Transfer of evidence-based policies
7. Use of Community instruments
8. Involvement of regional and local authorities
9. Involvement of civil society
10. Active participation of the Roma

Box 4: 10 common basic principles for Roma inclusion

In 2010 the Spanish, Belgian and Hungarian EU Presidency Trio made economic and social integration of the Roma an EU priority and the Commission issued a communication on the topic, reiterating the need to improve access to key services and to embed Roma issues in EU policy-making (**European Commission, 2010b**). Crucially, it recognised as a primary challenge the need to ‘Mainstream [...] Roma inclusion issues into the broad policy areas of education, employment, public health, infrastructure and urban planning, and economic and territorial development, rather than treating it as a separate policy’ (**European Commission, 2010b: 5**).

Marking the beginning of ‘contemporary’ EU Roma policy, the Commission announced in 2011 the creation of an EU Framework for NRIS (**European Commission, 2011b**). The Framework is designed to provide EU coordination for national Roma policies, ensuring that specific needs are met in four key areas: employment, education, housing and healthcare. National governments submitted their Roma inclusion strategies to the Commission for feedback and the EU carries out annual assessments of progress and challenges faced.



## Mapping the EU funding environment

A comprehensive exposition of funding for Roma integration activities in Europe is beyond the scope of this analysis but it is useful to highlight the primary mechanisms in place. Following discussion with member states, the European Commission has adapted a range of financial instruments to permit funding of NRIS initiatives using EU funds (Box 4).

EU funding instruments available to support NRIS (**European Commission, 2015a**):

- European Social Fund (ESF): For use towards ‘investing in human capital’ and ‘integration of marginalised communities’; explicit but not exclusive targeting permitted
- European Regional Development Fund (ERDF): Partnership Agreements available to fund social exclusion and poverty in deprived communities, including via infrastructure projects
- European Agricultural Fund for Rural Development (EAFRD): Not earmarked by ethnicity but under LEADER, programmes are permitted to target rural communities

Box 5: EU funding instruments relevant to Roma integration

Crucially, under the European Structural and Investment Funds (ESIF, the umbrella which brings together the EU’s funding instruments), a series of ‘thematic ex ante conditionalities’ have been introduced, designed to ensure effective and efficient use of European funds. Requirements for the use of funds to improve Roma integration include (European Commission, 2015a: 5):

- An effective policy framework with achievable goals with respect to improved access for Roma to education, employment, healthcare and housing
- Appropriate targeting of disadvantaged micro-regions, segregated neighbourhoods or the most deprived communities
- Strong monitoring to evaluate the impact of targeted and mainstream measures on Roma
- Involvement of civil society, regional and local authorities
- Capacity-building support to stakeholders.

Member states using ESIF funds under Roma-relevant headings are required to fulfil these requirements or face suspension of payments until sufficient action is taken.

## The EU framework for National Roma Integration Strategies

This section reviews the NRIS adopted by the five case study countries. For those countries which are also EU member states, these strategies were adopted as part of the EU Framework in 2011/12; in the FYRO Macedonia case, it was adopted a little later, in 2014. The content of the NRIS as pertains to ECD and health is explored below, after the EU Framework is briefly introduced.



### **The EU Framework: COM (2011) 173 final**

The 2011 Framework for NRIS set out the areas and priorities which the EU wanted national strategies for Roma integration to focus on. In particular, it stated that NRIS should include goals and policies that address access to education, employment, healthcare and housing. These four priorities were dealt with separately in the Communication and for each the Commission provided some recommended minimal standards and indicators. For access to education, it stated that governments should put strategies in place to ensure that all Roma children ‘complete at least primary school’; a further, side-line reference is made to ECD, where governments are advised to ‘widen access to quality early childhood education and care’ (**European Commission, 2011b: 5-6**). Under the heading ‘access to healthcare’, the Framework suggests that NRIS seek to ‘reduce the gap in health status between the Roma and the rest of the population’ (**Ibid: 6**). It goes on to recommend that this involve preventative and curative care, particularly for women and children, and that inclusion of Roma health professionals in the delivery of targeted programmes be facilitated.

In developing their own Roma strategies, member states were required to take these priorities into account, along with the 10 common principles adopted by the Council (Box 3), the goals of the European 2020 Strategy and their individual National Reform Programmes (NRPs). The resulting provisions for ECD and health are discussed below.

### **Early childhood development in the National Roma Integration Strategies**

Following the structure laid out in the EU Framework, the strategies developed in Bulgaria, Hungary, Romania, Slovakia and FYRO Macedonia all address ECD under the heading ‘education’. The dominant theme is increasing access to and enrolment at kindergarten or pre-school – each of the five countries establishes a goal related to this objective. In Romania and Slovakia, the NRIS commit to establishing programmes to increase access to kindergartens by addressing shortages in capacity, building facilities close to Roma communities, increasing teaching staff and offering meals to disadvantaged children attending kindergarten (**Romanian NRIS, 2012: 20-21; Slovakian NRIS, 2012: 28**). The strategy for Hungary takes a similar approach, discussing the importance of pre-school education at length and committing to developing the infrastructure required to make kindergarten mandatory from age 3yo, though the indicators identified for measuring progress in the shorter term are rather narrow, focusing upon non-attendance caused by shortage of capacity, and attainment of Roma children in national competency assessments (**Hungarian NRIS, 2011: 79; 130-131**). Narrower still are the provisions in the FRYO Macedonia strategy, which includes a goal to increase pre-school enrolment among Roma children by 25 per cent by 2020 but otherwise focuses exclusively on education from ages 6yo upwards (**FYRO Macedonia NRIS, 2014: 51**). Finally, the Bulgarian strategy takes the broadest approach – addressing the quality of ECD, the need for ethnically mixed kindergartens, the importance of ECD based on non-discrimination and tolerance, and the right of children to education. Such an encompassing approach can only be successful when supported by appropriate concrete actions but analysis here is limited by language constraints.

### **Health in the National Roma Integration Strategies**



Elements of early childhood health and development are picked up under the ‘health’ headings of the NRIS, which highlight the link between healthy mothers and healthy children. All five strategies mention care for mothers, pregnant women and/or young

children, often including these among the key goals. The Bulgarian, Slovakian, FYRO Macedonian and Romanian strategies list healthcare for mothers and children among their key tasks, focusing upon access to ante- and post-natal care, as well as sexual and reproductive healthcare and guidance (**Bulgarian NRIS, 2012: 23; Slovakian NRIS, 2012: 36; FYRO Macedonia NRIS, 2014: 74; Romanian NRIS, 2012: 25**). The Hungarian strategy notes the importance of healthcare during pregnancy but focuses more closely on sexual and reproductive education, using ‘number of high-risk pregnancies’ as its key indicator. Most of the strategies – with the exception of the Bulgarian and the Hungarian NRIS – also mention immunisation or vaccination for young Roma children and/or commit to establishing programmes to increase participation in vaccination programmes.

NRIS PROVISIONS RELATING TO ANTE- AND POST-NATAL CARE	
<b>BG</b>	‘Task 1: preventative care for mothers and children’ (p23) [Here the Bulgarian Action Plan, not available in English, should be compared]
<b>HU</b>	Women’s and pregnancy health discussed but now explicit goals (p27; 48) Indicators used: ‘number of high-risk births’ and ‘access to paediatrician / health visitor’ (p132)
<b>FYROM</b>	‘Objective 23: Strengthening the role of the primary health care in providing quality health services in the area of reproductive health of Roma, such as family planning, prevention and care of STIs, prevention of unwanted abortion and providing adequate pre- and post-natal care for the mother’ (p73)
<b>RO</b>	‘Action 2(b)(iii) Improving the capacity of the community network staff in the field of reproductive health and mother and child health’ (25)
<b>SK</b>	‘Action 6: Increase awareness of education on parenthood, reproduction health, motherhood and childcare...based on free will and principles of informed decision-making and consent.’ (p36)
NRIS PROVISIONS RELATING TO VACCINATION	
<b>BG</b>	N/A [Bulgarian Action Plan not available in English]
<b>HU</b>	No mention
<b>FYROM</b>	‘Objective 20: To establish and implement mechanisms to continuously identify unvaccinated children Roma at preschool and school age and their regular vaccination’ ‘Objective 21: Regular and timely delivery of invitations for vaccination in the Roma settlements’ ‘Objective 22: To raise the level of awareness and knowledge among Roma parents about the process of immunization’ (p72)
<b>RO</b>	‘Action 2(a)(i) Increasing vaccination coverage with regard to children from vulnerable categories’ (p24)
<b>SK</b>	‘Goal 5: Reduce occurrence of infectious diseases using health education, and increasing the number of individuals who undergo preventive vaccination with the goal of bridging the gap between the members of marginalized Roma communities and the majority population’ (36)

Table 1: Selected NRIS provisions re vaccination and ante/post-natal care

Beyond ante- and post-natal provisions, the healthcare commitments of the NRIS become more vague. They focus overwhelmingly upon access to care, in line with the EU Framework guidance, addressing the proximity of health services to Roma communities and the barriers to their use, particularly availability of health insurance.



The Romanian strategy commits to increasing the knowledge among Roma communities of their right to a basic package of health services for the uninsured and to encouraging a greater proportion of the Roma population to join the insurance system (**Romanian NRIS, 2012: 24**). The Bulgarian and FYRO Macedonia NRIS take a legislative approach, proposing initiatives to increase the number of insured Roma and, in the FYRO Macedonian case, committing to strengthen the mechanisms by which individual Roma can enforce their right to healthcare (**Bulgarian NRIS, 2012: 23; FYRO Macedonia NRIS, 2014: 68-70**). The Slovakian NRIS mentions financial obstacles to care but includes no provisions to address them, whilst the Hungarian strategy does not discuss this issue at all (**Slovakian NRIS, 2012: 36**).

Other topics covered by the strategies include increasing the number of healthcare professionals and mediators from Roma backgrounds in the provision of healthcare and health education, creating targeted health information, disease prevention and screening campaigns, tackling discrimination within the health system, and addressing issues of drug and alcohol abuse, domestic violence and human trafficking. The majority of NRIS discuss each of these topics but the commitments made to address them vary in scale and ambition, and are not clearly integrated into their overarching strategies.

## The Europe 2020 Strategy and Roma integration

The European Semester provides the framework within which the goals of the Europe 2020 Strategy are pursued. Each year, national governments submit NRPs outlining how they will address the priorities outlined in the Annual Growth Survey and achieve their objectives under Europe 2020. The European institutions review these plans, publish detailed assessments of national challenges and issue a set of recommendations to direct policy for the year to come. Consequently, the Semester is also the framework used to guide implementation of the NRIS – as noted in the 2015 Communication, ‘The Commission steers and monitors Member States’ actions on Roma inclusion in the framework of the European Semester to ensure that Roma integration strategies are aligned with mainstream policies’ (European Commission, 2015a: 3).

### Roma integration in the European Semester

Since the introduction of the Semester in 2010 and the first set of CSRs in 2011, reference to Roma communities and national policies to integrate them have featured relatively consistently. Tables 2 and 3 illustrate the thematic focus of the Roma-related CSRs during the past 7 cycles of the Semester, both over time and across countries. They are constructed using rudimentary analysis of the CSRs for the relevant countries (without reference to the NRPs, Country Reports or associated documentation) and, therefore, should not be used to draw explicit or concrete conclusions, but they help to illustrate some key dynamics in the use of the Semester to pursue Roma integration objectives.





	2011	2012*	2013	2014	2015	2016	2017
<b>Access to (mainstream / early childhood) education</b>	BG, SK	BG, SK	BG, HU, RO, SK	BG, HU, RO, SK	BG, HU, RO, SK	BG, HU, RO, SK	BG, HU, RO, SK
<b>Access to labour market / employment</b>	BG, HU, RO	BG		BG, SK	RO, SK	BG, SK	HU, RO, SK
<b>Poverty / social exclusion</b>	HU	SK	HU	HU	BG, HU, RO		BG, HU
<b>NRIS implementation / delivery</b>		BG, HU	BG, HU, RO, SK	RO, SK	RO		

\*NB 2012 Romanian CSR refers only to Balance of Payments support

Table 2: Focus of Roma-related CSRs by year (2011-2017)

Table 2 highlights a number of features. Firstly, it is clear that access to education has been a theme of the CSRs for the case study countries since the earliest cycles of the Semester and continues to dominate the recommendations made. Both labour market and poverty-related recommendations have been more intermittent, tending to be issued to particular countries at particular time periods (Roma poverty being a focus for Hungary in the early 2010s; labour market policies being a focus for Slovakia more recently, for example). The period around the adoption of the NRIS is reflected in increased use of the Semester to guide their implementation and delivery, with all countries receiving some reference to the progress of their NRIS in 2013, the year after the Commission’s assessment of these documents. Finally, the table reflects (to some degree) the evolution of the CSRs as a tool – the recommendations reached their most detailed and prescriptive in 2014, having been reduced in scope since then, though the number of Roma-related recommendations remained high in 2015.

Table 3 shows the years in which each case study country received mention of (or a CSR pertaining to) each Roma-related topic. It mirrors the illustration in Table 2 of the prominence of education-related CSRs. What it shows more clearly, however, is the repetition of such recommendations. All of the case study countries have received a CSR urging them to increase Roma access to and participation in mainstream education every year since 2013. Specific CSRs have highlighted particular aspects of this challenge – the 2015 CSR for Bulgaria targets ‘early schooling’ and the 2017 Romanian recommendation explicitly mentions the issue of segregation, for instance – but the consistency of their inclusion suggests that sufficient progress has yet to be made.

Despite the Semester’s ‘purpose’ as a tool of macroeconomic governance and overarching concern with employment and growth, the table indicates that Roma access to the labour market is generally only mentioned in the preamble, rather than being included as a CSR, as is Roma experience of poverty and social inclusion. On the latter theme, Hungary has seen repeated discussion, suggesting that the living conditions of Roma communities remains below that of non-Roma populations.



	BG	HU	RO	SK
Access to (mainstream / early childhood) education	2011			2011
	2012			2012
	2013	2013	2013	2013
	2014	2014	2014	2014
	2015	2015	2015	2015
	2016	2016	2016	2016
	2017	2017	2017	2017
Access to labour market / employment	2011		2011	2014
	2012	2011	2015	2015
	2014	2017	2017	2016
	2016			2017
Poverty / social exclusion		2011		
		2013		
	2015	2014	2015	2012
	2017	2015		
		2016		
		2017		
NRIS implementation / delivery	2012	2012	2013	2013
	2013	2013	2014	2014
			2015	

\*Years highlighted in red indicate a CSR was issued on this topic, otherwise mentioned in preamble.

Table 3: Focus of Roma-related CSRs by country (2011-2017)

With regards to the NRIS, Table 2 mirrors the focus on their implementation in 2012/13; a few interesting cases are worth noting in more detail. The Romanian CSRs record the progress of the NRIS – in 2013 the EU noted that implementation of the Strategy was weak and needed better coordination between stakeholders, repeating in 2014 that the Strategy should be better financed (**Council of the EU, 2013a: paragraph 14; Council of the EU, 2014a: paragraph 15**). In 2015, the CSR concluded that the previous NRIS was not working to reduce poverty and encouraged adoption of a revised strategy (**Council of the EU, 2015: paragraph 16**). The Slovakian CSR in 2013 reported that there had been ‘no effective action’ in implementing the NRIS in 2012 (**Council of the EU, 2013b: paragraph 14**), whilst, in 2014, the preamble stated that projects to target Roma inclusion in mainstream education were ‘overly reliant’ on co-financing from the EU (**Council of the EU, 2014b: paragraph 13**). Similarly, the 2013 Bulgarian CSR stated that ‘The Action plan to the National Roma Integration Strategy should indicate specific measures, appropriate funding and the establishment of a monitoring mechanism for measuring the impact of actions’ (**Council of the EU, 2013c: paragraph 13**). Moreover, the 2013 CSRs addressed a range of issues arising from implementation of the NRIS, including ensuring effective delivery, including via better coordination between stakeholders, allocation of funding, robust monitoring and mainstreaming Roma inclusion goals in all policy fields (**European Commission, 2013c: footnote 6**). As such, it is clear that the Semester can be and has been used to monitor and guide the NRIS process.

### FYRO Macedonia, Roma integration and Europe 2020

Since it is not a member state of the EU, FYRO Macedonia is not issued with CSRs or part of the Semester process. However, as an enlargement country working towards EU membership, the EU’s objectives in and approach to Roma integration are far from irrelevant to FYRO Macedonia. The FYRO Macedonia Strategy for Roma Integration mirrors those of the other four case studies closely; it is structured around the themes



of housing, education, health, employment and culture, and makes detailed reference to the EU Framework, the Europe 2020 Strategy, the Racial Equality Directive and a raft of other EU and international provisions (**FYRO Macedonia NRIS, 2014: 9-19**). The EU has also passed comment on the FYRO Macedonia approach. In a strategy paper for the Instrument for Pre-accession Assistance (IPA), the Commission noted the need for 'increased efforts' to promote and protect the fundamental rights of minorities, highlighting that the Roma community would need particular attention. It went on to state the need for a '...more proactive implementation of the relevant policies, including the Roma Strategy at national and local level' (**European Commission, 2014d: 13**). The paper identifies implementation of the Roma Strategy as a key priority of IPA II funding and support.

## Assessing the NRIS: Progress, gaps and challenges remaining

Since the adoption of the EU Framework in 2011 and the NRIS in 2012, the European Commission has conducted an assessment of their implementation on an annual basis. In earlier years, these assessments focused upon the four theme areas identified in the Framework, reviewing progress towards increased access to housing, employment, healthcare and education. In the most recent set of assessments, published in 2015, the focus has shifted to procedural issues, evaluating the funding of the integration strategies, the involvement of key stakeholders, the mechanisms for monitoring and broader initiatives to fight discrimination. The sections below provide a brief overview of progress made by the four EU case study countries and gaps identified in the Commission assessments.

### Assessing progress towards Roma integration

The 2014 assessments provide the most up-to-date evaluation of implementation of the NRIS and progress in each of the four thematic areas (**European Commission, 2014e**). Under the education heading, a number of positive initiatives are highlighted. The introduction of mandatory pre-school attendance is in place or underway in Bulgaria and Hungary; 'sure start centres' and 'summer kindergartens' have been established in Hungary and Romania; efforts to integrate Romani language education are recorded in Romania and Slovakia; school mediators have been introduced in Romania and; cash incentives for parents (Hungary) and teachers (Slovakia) have been put in place to encourage Roma uptake of pre-school education. However, the assessments also highlight some core challenges to the NRIS implementation. Segregation remains a problem in Hungary, Romania and Slovakia; in Slovakia this manifests in the disproportionate enrolment of Roma children into schools for children with learning disabilities and mental health problems. More fundamentally, whilst the initiatives being taken so far are laudable, the Commission assessments call in all countries for a scaling up of funding, capacity and ambition, particularly as concerns the provision of ECEC. Most of the measures taken at national level have been small or pilot projects – what is now needed is an extension of these programmes and their integration into wider policy frameworks.



Assessment of NRIS implementation under the health heading finds a similarly broad range of initiatives underway. Health mediators are a dominant theme, having been introduced in Bulgaria, Romania and Slovakia, whilst education and awareness campaigns have been rolled out in Bulgaria and Hungary. Bulgaria reports by far the widest range of activities, spanning the introduction of mobile medical units, specific programmes to increase vaccination of Roma children, and the development of monitoring tools to provide an evidence base for further interventions. The Hungarian assessment notes a focus on ECD and the implementation of early childhood screening programmes. However, with the exception of the Bulgarian case, the evaluations find that efforts are hampered by a lack of evidence. Without effective monitoring capacities, there NRIS are at risk of failing to achieve their goals because of lack of information about the impacts ‘on the ground’. The Commission assessments also note a need to integrate the NRIS initiatives into broader policy frameworks. In the case of Bulgaria and Romania, there is a need to focus upon ensuring health insurance for all members of Roma communities, whilst in Romania and Slovakia, the training of health professionals is recommended.

### **Assessing the procedural implementation of the NRIS**

In 2015 the Commission’s assessments turned to focus upon the procedural and administrative elements of NRIS implementation, reviewing the funding, coordination and monitoring of the strategies, as well as their inclusion of broader policies to combat discrimination against Roma communities (**European Commission, 2015b**). A number of common challenges are identified in the assessments. Firstly, there is a clear need for the adjustment of mainstream education, employment and social policy to address Roma integration. Whilst the NRIS have focused on establishing new mechanisms and instruments for targeting Roma communities and addressing the externalities caused by or overlooked in mainstream policies, little attention has been given to adapting those mainstream policies in light of their impact upon Roma communities. Secondly, all of the case study countries were found to require greater funding, capacity and establishment of formal structures for the involvement of civil society and Roma stakeholders in the NRIS implementation process. Though efforts have been made here – working parties, forums and local bodies have been set up in all states – they lack the resources and coordination necessary for full and meaningful participation and often operate on an informal basis. A third trend, of a similar nature, is identified in the need for greater civil society participation in the monitoring of NRIS implementation – the limited monitoring and data collection mechanisms currently in place do not provide for the involvement of NGOs and other stakeholders.

A fourth common challenge identified in the Commission assessments is the integration of NRIS monitoring into the process of policy design. Even where monitoring systems have been put in place and are gathering relevant evidence on the implementation of the NRIS – which the Commission assessments suggest is the case in all four countries – it is unclear how these evaluations are being fed back in to inform the development of new policies on Roma integration. Establishment of a coherent evaluation and feedback process is identified by the Commission as vital to the effectiveness of the NRIS. Finally, discrimination remains a problem across all four EU case study countries. In Bulgaria and Hungary, evictions continue to take place whilst in Romania, the Commission notes an absence of action to tackle discrimination against Roma communities. The assessments highlight the risk of planned legislation to legalise



segregated educational institutions in Hungary, and advise measures to ‘sensitise’ the media, ‘professionals’, public officials and the police in Slovakia.

At the level of individual countries, a number of important challenges can be identified. The Bulgarian assessment notes that the initiatives stemming from the NRIS rely too heavily on EU co-financing, reducing their long-term sustainability and threatening progress made. The assessment for Slovakia recommends to building of capacity at local and regional level *before* European Structural and Investment Funds (ESIF) are released, so as to increase their effectiveness and added value. The Bulgarian assessment notes the need for a national administrative framework to coordinate local implementation, whilst the Romanian assessment highlights the absence of concrete actions to achieve the goals of the NRIS. Linked to these challenges, a failure to consult with civil society and Roma representatives is reported in the Hungarian and Romanian assessments. Finally, delays in the implementation of various elements of the strategies are also noted – for instance, in the roll out of territorially-targeted programmes in Hungary, and in the development of a network of local experts in Romania.

### **Assessing Roma integration in FYRO Macedonia**

Since FYRO Macedonia is not an EU member state, the European Commission does not assess its Roma integration strategy in the same annual procedure as the other four case study countries. A full assessment of the NRIS’ implementation is beyond the scope of this analysis but a brief review of the available documentation finds that many of the same barriers reported by the Commission are present in FYRO Macedonia. These include insufficient financial and human resources, unclear supervision and lack of vertical and horizontal communication, particularly in the Roma Information Centres, which were established in 2007 (**UNDP, 2013: 23**). As regards health specifically, research finds challenges relating to monitoring, evaluation, institutional capacity and funding (**Donev et al., 2012**). Finally, civil society monitoring finds that initiatives such as workshops on ECD lack data on which to assess their implementation (**InSoC et al., 2013: 52**).



## Reflections

In light of the commitments made at EU and national level, and progress achieved towards these, this section offers some reflections on the content, coherence and consistency of policies to improve health and ECD in Roma communities.

An initial observation can be made about the *understanding of both ECD and health* utilised in Roma integration policies at EU and national level. ECD/ECEC is about more than preparation for attending primary school – as UNESCO recognises, it is about ‘the holistic development of a child’s social, emotional, cognitive and physical needs in order to build a solid and broad foundation for lifelong learning and wellbeing’, and policies to promote it must start from this understanding (UNESCO, 2017). In its review of 24 Roma integration strategies, Eurochild (2012) concluded that almost none of them adopted the *holistic, child-centred perspective* necessary for high quality ECD. Similarly, the EU and national policy commitments reviewed above show little indication of an holistic approach, focusing almost solely on education in the 2/3-6yo bracket (via pre-school or kindergarten) and ignoring the physical, mental and emotional health elements of ECD entirely.

The *approach to health* found in most EU and national Roma inclusion documents is also a prohibitively narrow one. Though the research and policy documents at EU level recognise a broad range of health inequalities which disproportionately affect Roma populations – including poorer life expectancy, greater risk of ill health, lower uptake of preventative services, less healthy lifestyles and lower overall health outcomes – the EU Framework and its accompanying assessments *focus almost exclusively upon access to care*. Moreover, where the NRIS have attempted to account for the broad range of health-related challenges facing the Roma community, the goals of the Strategy have become unfocused and the specific objectives have fallen back to relying upon narrowly defined indicators. The Hungarian NRIS, for instance, cites laudable aims of health promotion, protection and inequality reduction, but in its proposed actions lists the introduction of more health professional in disadvantaged areas, and the targeting of screening and prevention programmes (Hungarian NRIS, 2011: 91). Just as the OECD points out that providing access to ECD is not the same as providing high quality ECD (OECD, 2017: 12), providing access to healthcare is only element of improving Roma health – EU and national policy needs to also address the quality and appropriateness (see below) of available care.

Better approaches to health and ECD in the policies developed needs to be supported by *better data and evidence*. This is mentioned in most of the NRIS and the Commission’s assessment of them, and some steps have been taken, but more needs to be done. Targeted healthcare policies can only be effective when the particular health challenges facing a given community (disease types, vaccination history, local environmental health threats, occupational risks, demographic factors etc.) are known. Alongside the establishment of better data collection mechanisms, a *more appropriate assignment of indicators* and measures needs to be pursued. In the case of ECD, for instance, measuring the success of NRIS implementation with an indicator for kindergarten enrolment is insufficient. Far better would be an indicator for attendance, with qualitative follow up on the reasons for non-attendance – this will clearly require more sophisticated data collection but would also ensure a more accurate understanding of NRIS implementation and added value.



The *funding of Roma integration* strategies falls outside of the scope of this analysis paper but some brief observations can be made. The Commission assessments of the NRIS have increasingly noted the need for more sustainable, nationally sourced funding for NRIS initiatives – having adjusted a number of EU-level instruments to permit their use for Roma inclusion projects, the Commission now raises issues of ‘over-reliance’ on EU funds and urges the identification of *long-term, sustainable national funding*. The pressures here are clearly complex, particularly in the current economic climate, but efforts to secure sustainable funding must be prioritised. This is also important to remove the risk of ‘Europeanising’ Roma integration and removing it from national responsibility (Vermeersch, 2013: 357).

Perhaps the greatest challenge facing policies to promote Roma inclusion is the *failure to integrate these into mainstream policy frameworks*. There are two dimensions to this problem. Commission assessments of the NRIS point out repeatedly that the policies they contain can only be successful in the long run if they are integrated into the social, education, health and related policies that apply to the population at large. While this is a crucial barrier to more effective Roma integration policies, it misses a second dimension, in the poor integration of pillars *within* these policies. Having established four primary pillars of action in the EU Framework – housing, education, employment and health – these have been replicated and mirrored in the NRIS and most accompanying documentation and analysis. Though the Framework mentions the need for an integrated approach under the ‘housing’ heading, this is not replicated in the other three priority areas and it is unclear how it being implemented in practice (one exception here is the Slovakian NRIS, which address sanitation and other living conditions under the health heading). Such a *silo-approach undermines the goals* of the NRIS and EU Roma integration policy, especially where the health and ECD of Roma populations is overlooked entirely, as it frequently has been in the CSRs.

In a similar vein, the *patchy inclusion of Roma ECD and health in the Europe 2020 Strategy* and the European Semester inhibits better goal-making at the national level. For the EU member states in particular, the NRIS commonly draw their objectives down from the Europe 2020 Strategy and the CSRs, stating this explicitly in most cases. Since health is not a direct priority under Europe 2020 and the Semester has been somewhat inconsistent in its inclusion of Roma-related recommendations, national strategies are similarly unfocused. More fundamentally, inclusion of Roma integration within the European Semester is vital to ensuring an *integrated approach*. Reports from the World Bank and the OECD tend to point to the socioeconomic costs and potential macroeconomic gains to be made from better Roma inclusion, whilst the work of UNICEF, FRA, Eurochild and others highlights the continued denial of human rights for minority groups such as Roma (Urban, 2015: 401) – the Semester is the framework in which these concerns need to be brought together to ensure effective action.



## Conclusions

Further to the reflections above and in light of the specific mid-term review being undertaken for the EU Framework, the following conclusions can be drawn.

### **Bulgaria**

Bulgaria has received a CSR pertaining to improving Roma access to education every year since 2013; the 2014 Commission assessment of its progress under this heading notes that access to good quality ECEC is hampered by insufficient staff and ‘capacities’.

The Commission’s assessment of Bulgaria’s actions to improve Roma health is very clear in its conclusion that the biggest challenge faced is in ensuring universal access to health insurance coverage. Though similar issues in other countries have been raised in the European Semester, Bulgaria has yet to receive a CSR on this topic.

### **Hungary**

The Hungarian NRIS addresses ECD holistically (referring to ‘child wellbeing’), but its commitments focus predominantly upon the provision of kindergarten services and the Commission’s assessment notes that this need to be accompanied by qualified staff, necessary infrastructure and sustainable funding – reflected in repeated CSRs on this issue.

This focus on access is mirrored in Hungary’s efforts towards improving Roma health, which mostly involve increasing the number of health visitors, paediatricians and targeted screening/prevention programmes. The Commission assessment notes only that evidence of the impact of these policies upon Roma communities is lacking.

### **FYRO Macedonia**

The EU’s increased action on Roma integration and its invitation to non-member states to engage with the EU Framework in developing strategies of their own has had a clear impact upon FYRO Macedonia. Local action plans follow the thematic breakdown of the EU Framework and protection of minority groups (including Roma) is one of the priorities assigned in the 2014-2020 Instrument for Pre-accession Assistance (IPA II). However, many of the same barriers to better implementation of Roma integration policies found in the four EU case study countries are also noted in relation to policies in FYRO Macedonia. These include insufficient financial and human resources, unclear supervision and lack of vertical and horizontal communication.

### **Romania**

The Romanian NRIS commits to addressing a range of socioeconomic issues which affect ECEC, such as food, living conditions and health status, via increased participation in kindergarten. The Commission assessment urges scaling up of these efforts and identification of sustainable funding to support this, an issue also raised in the 2013 CSRs.

In health the NRIS is similarly ambitious, listing a variety of programmes to increase access to services, prevent non-communicable diseases in Roma communities and





strengthen institutional capacity to deliver such services. The Commission assessment urges the use of mediators, training of health professionals and further efforts to improve access to care/insurance

### **Slovakia**

Slovakia has received repeated CSRs urging better inclusion of Roma children in mainstream pre-school and its NRIS sets a goal of increasing pre-primary attendance to 50% by 2020, mostly by increasing access to kindergartens. The Commission assessment calls for reinforcement of these actions, whilst noting that disproportionate enrolment of Roma children in ‘special-needs education’ remains a problem.

The Slovakian NRIS takes the most holistic approach to health, including measures to improve sanitation, pollution and water quality, as well as access, vaccination, health education and reproductive health. The Commission’s assessment finds that implementation is hampered, however, by lack of clear targets, monitoring and financial resources.

### **European Union**

In light of the challenges facing implementation of the NRIS, EPHA welcomes the Commission’s focus upon the structural pre-conditions for effective Roma integration. In order to better support national implementation of the Strategies, EPHA recommends that the Commission, supported by the other EU institutions, strengthen guidance offered to national governments in the design and methodology of their NRIS, focusing in particular upon the construction of manageable targets, aspirate indicators, solid monitoring instruments and inclusive consultation mechanisms.

At the European level, the EU must lead by example in integrating its Roma inclusion policies into mainstream frameworks. Most important to this, EPHA recommends that the Commission fully utilise the European Semester to improve health and ECD in Roma communities, and to ensure meaningful pursuit of the NRIS goals.



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## About EPHA

EPHA is a change agent – Europe's leading NGO advocating for better health. We are a dynamic member-led organisation, made up of public health NGOs, patient groups, health professionals, and disease groups working together to improve health and strengthen the voice of public health in Europe. EPHA is a member of, among others, the Social Platform, SDG Watch Europe, and the Semester Alliance.

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### Further reading

Joint Statement – November 2016 – Remove systemic barriers to tackle the Roma public health emergency >> [read more](#)

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